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DLN: 93492155006060

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection

	ar tha			organization may have to use a copy of this return to satisfy s		· · ·	uremen	ts.		
		applicable	01	r tax year beginning 01-01-2009 , and ending 12- C Name of organization	-31-20)09 	D Emp	loyer	identification number	
\Box	ddress (s change Please ADIRONDACK POST 2475 VFW						-1564954		
\square_{N}	ame ch	ange label	or	Number and street (or P O box, if mail is not delivered to street ac	ddress)	Room/suite			number	
Ir	nitial ret	I return print or type. 30 COOPER STREET							8) 761-0531	
_	emınat	Specia	fic	City or town, state or country, and ZIP + 4			- 0		<u> </u>	
		Instru	ıc-				F Group Numl		iption -	
I A	pplicatio	on pending tions.								
♦ Se	ection			ons and 4947(a)(1) nonexempt charitable trusts ompleted Schedule A (Form 990 or 990-EZ).		counting me ther (specify		Гса	ash 🔽 Accrual	
T W	aheit e	:► N/A			н	Check 🕨 🔽	ıf the	orga	nızatıon	
			<i>,</i> 0	ne)— 501(c) (19) (insert no) 4947(a)(1) or 527		s not require			90-EZ, or 990-PF)	
		-		is not a section 509(a)(3) supporting organization and its						
				m 990 return is not required, but if the organization choose						
L Add	l lines 5	5b, 6b, and 7b, to line 9	to c	determine gross receipts, if \$500,000 or more, file Form 990 instead of	Form 9	90-EZ	► \$		431,494	
Pa	art I	Revenue, Exp	e	nses, and Changes in Net Assets or Fund Bala	nce	S (See the 11	nstructi	ons f	or Part I)	
	1	Contributions, gifts	, g	rants, and similar amounts received	•			1	0	
	2	Program service re	ve	nue including government fees and contracts				2	0	
	3	Membership dues a	nd	dassessments				3	526	
	4	Investment income						4	1,648	
	5a	Gross amount from	sa	ale of assets other than inventory	5a					
Φ	ь	Less cost or other	ba	asıs and sales expenses	5b		0			
Revenue	c	Gain or (loss) from	s a	ت Ile of assets other than inventory (Subtract line 5b from line	e 5a)			5c	0	
Reg	6	Special events and check here	_	ctivities (complete applicable parts of Schedule G) If any a	amoun	ıt ıs from ga ı	ming,			
	a	Gross revenue (not	ın	icluding \$ of contributions						
		reported on line 1)		1	6a	37	71,790			
	h	·	ses	<u>.</u> . 	6b		, 54,309			
	c	•		from special events and activities (Subtract line 6b from lir			- 1,000	6c	17,481	
	7a	•	•		7a		• 57,530	00	17,101	
		Less cost of goods		· · · ·	- +		15,209			
	_	-			7b		+5,209	_	12.221	
	C	, ,	•	from sales of inventory (Subtract line 7b from line 7a) .	•		•	7c	12,321	
	8	Other revenue (des)	8	24.076	
	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	•	· · •	•	9	31,976	
	10	Grants and similar	am	nounts paid (attach schedule) 🕏 🗼	•		•	10	2,653	
	11	Benefits paid to or	for	members	•		•	11	364	
	12	Salaries, other com	ре	ensation, and employee benefits	•			12		
φ o	13	Professional fees a	nd	other payments to independent contractors	•		•	13	795	
Expenses	14	Occupancy, rent, u	tılı	ities, and maintenance				14	40,826	
Щ Н	15	Printing, publicatio	ns,	, postage, and shipping				15	395	
	16	Other expenses (de	esc	cribe 🏲 🕮)	16	5,388	
	17			ines 10 through 16			•	17	50,421	
<u>—</u>	18	Excess or (deficit)	for	the year (Subtract line 17 from line 9)			•	18	-18,445	
NetAssets	19	Net assets or fund	ba	lances at beginning of year (from line 27, column (A)) (mus	stagre	ee with				
4.				ported on prior year's return)				19	217,046	
Ž	20	Other changes in n	et	assets or fund balances (attach explanation)				20		
	21	-			_			21	198,601	
Pa	rt III			:—If Total assets on line 25, column (B) are \$1,250,000 o					· · · · · · · · · · · · · · · · · · ·	
	_ T	22.20				-,	1113			
		(Se	e t	he instructions for Part II)) Beg	ınnıng of yea	ar	(E	3) End of year	
22	Cash	, savings, and inves	tm	ents		59,	405 2 2	2	55,557	
23	Land	and buildings .				115,	956 2 3	3	108,748	
24	Other	r assets (describe 🕨	_)		42,	760 2 4	·L_	35,831	
25	Total	assets				218,	121 2 5	<u> </u>	200,136	
26	Total	liabilities (describe	۰)		1,	075 26	<u> </u>	1,535	
27	Net a	ssets or fund haland	ec	(line 27 of column (B) must agree with line 21)		217	046 27	,	198 601	

Part IIII Statement of Program S	Service Accomplishn	nents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt p TO PROMOTE SOCIAL WELFARE	(Required for section 501 (c)(3) and 501(c)(4)				
Describe what was achieved in carrying out describe the services provided, the number		organizations and section 4947(a)(1) trusts,			
program title				орг	ional for others)
28 TO PROMOTE SOCIAL WELFARE (Grants \$) If this	s amount includes foreign ç	arants shack hara	. –		
	s amount menues foreign (grants, check here .	▶ ┌	28a	
29					
(Grants \$) If this	s amount includes foreign (grants, check here .	▶ ┌	29a	
30					
(Grants \$) If this	s amount includes foreign (grants, check here .	▶ ┌	30a	
31 Other program services (attach schedul					
	s amount includes foreign (·	31a	
32 Total program service expenses (add line				32	- 6 D+ B/)
Part IV List of Officers, Directors, Trus		l			1
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances

Pa	Part V Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νo
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
ь	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
Ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of RICHARD ANDERSON Telephone no 30 COOPER STREET Located at GLENS FALLS, NY ZIP + 4			0531
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕒			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νο
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year		• •	▶ Г
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44		Νο
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νo

Form 990-	-EZ (2009)							Page 4
Part VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	1 4947(a)(1) nonexe	-			-	stions
46 Did t	the organization engage in direct	or indirect political can	npaign activities on be	half of or in opp	osition to		Yes	No
cano	didates for public office? If "Yes,"	complete Schedule C,	Part I			46		
47 Did t	the organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C,	Part II		47		
48 Is th	ne organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," comple	te Schedule E		48		
49a Did 1	the organization make any transfe	ers to an exempt non-c	harıtable related organ	ızatıon?		49a		
b If"Y	es," was the related organization	a section 527 organiza	ation?			49b		
	nplete this table for the organization in the companization in the control of the							
. ,	e and address of each employee aıd more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	on employee	tributions to benefit plans & compensation	a	e) Expe count r allow	and
51 Com	tal number of other employees panplete this table for the organization of the organization and address of each independent	on's five highest compe n Ifthere is none, ente	r "None "		each received r		an \$10 Compen	
51(d) To	tal number of other independent o							
Please Sign Here	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer RICHARD ANDERSON QUARTERMATORY Type or print name and title	plete Declaration of prepare	turn, including accompanyin er (other than officer) is bas	g schedules and st ed on all informati 2010- Date	on of which prepare	he best (er has ar	of my kn ny knowk	owledge edge
Paid	Preparer's signature MICHAEL GAZZILLO CPA	4	Date	Check if self-empolyed	Preparer's identif (See instructions		nber	
Preparer's Use Only	Firm's name (or yours MICHAEL G	AZZILLO CPA		-	EIN Þ			
Jae Olliy		2 354 MAIN ST			Phone no ► (5	18) 747-	2878	
		ALLO, NT 12009						

DLN: 93492155006060

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

> Phone solicitations In-person solicitations

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Internal Revenue Service Name of the organization Employer identification number ADIRONDACK POST 2475 VFW Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants

Special fundraising events

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or control of contributions?		fundraiser have custody or		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total	tal									

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To (Add col	tal Eve (a) th	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)	(evenit type)	(total number)			
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .						
	10	Direct expense summary Add lin	ies 4 through 9 in colum	n (d)	•			
	11	Net income summary Combine li						
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		l "Yes" to Form 990, Pa	irt IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam (a) th	
	1 (Gross revenue		371,790			37	1,790
မှာ	2	Cash prizes		275,928			27	5,928
Expenses	3	Non-cash prizes						
	4	Rent/facility costs		71,677			7 	1,677
Direct	5	Other direct expenses		6,704				6,704
	6 '	Volunteer labor	∀es% No	▼ Yes 100 000 %	Yes% No	_		
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)			35	4,309
	8	Net gaming income summary Com	nbine lines 1, column d, a	and line 7			1	7,481
_							Yes	No
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain		·	 .	· 9a	Yes	
O		TO, EXPLUIT						
10a b		e any of the organization's gaming 'es," Explain	licenses revoked, suspe	ended or terminated during	the tax year?	10a		No
11		s the organization operate gaming				11	<u> </u>	No_
12		he organization a grantor, beneficia ned to administer charitable gaming				.		

			Yes	No
.3	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ► CARL FOSCO			
	Address 130 JOHN STREET			
	HUDSON FALLS, NY 12839			
	Does the organization have a contract with a third party from whom the organization receives gaming			
a	revenue?			
h	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the	5a		Νo
	amount of gaming revenue retained by the third party \(\bigs\) \(\bigs\)			
c	If "Yes," enter name and address			
•	Thes, enter hame and address			
	Name ►			
	Address F			
•	Gaming manager information			
	Name ► HAROLD MURRAY			
	Gaming manager compensation 🟲 \$			
	Description of services provided MANAGES BELL JAR GAMING			
	_			
	Director/officer Employee Independent contractor			
,	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?	_	,	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	7a	Yes	
_	in the organization's own exempt activities during the tax year \$\int \$2.653			

Additional Data

Software ID: Software Version:

EIN: 14-1564954

Name: ADIRONDACK POST 2475 VFW

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID K BAILEY 37 THIRD STREET GLENS FALLS,NY 12801	COMMANDER 10 00	0		
PETER DICKINSON 90 LAWRENCE ST GLENS FALLS,NY 12801	SR VICE COMMANDER 500	0		
GARY BALDWIN 47 MAYNARD ST HUDSON FALLS,NY 12828	JR VICE COMMANDER 5 00	0		
RICHARD ANDERSON 5 STEWART AVE GLENS FALLS,NY 12801	QUARTERMASTER 20 00	0		
CARL FOSCO 130 JOHN STREET HUDSON FALLS, NY 12839	ADJUTANT 5 00	0		
BILL FISH 103 REYNOLDS ROAD FORT EDWARD,NY 12828	CHAPLAIN 5 00	0		
DICK HERMANCE 4 DAWN ROAD QUEENSBURY,NY 12804	TRUSTEE 5 00	0		
RADORUM KEECH 15 BLUEBIRD ROAD SO GLENS FALLS,NY 12801	TRUSTEE 5 00	0		
DAVID FIELDS 1 FRANK STREET A FORT EDWARD,NY 12828	TRUSTEE 5 00	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: ADIRONDACK POST 2475 VFW

EIN: 14-1564954

Item No.	1
Class of Activity	DONATION
Donee's Name	VFW POST THIRD DISTRICT
Donee's Address	
Amount (FMV)	235
Purpose of Payment to Affiliate	GRANTS AND SIMILAR AMOUNTS PAID
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	DONATION
Donee's Name	GLENS FALLS LITTLE LEAGUE
Donee's Address	
Amount (FMV)	225
Purpose of Payment to Affiliate	GRANTS AND SIMILAR AMOUNTS PAID
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	DONATION
Donee's Name	VFW - NEW YORK STATE
Donee's Address	
Amount (FMV)	155
Purpose of Payment to Affiliate	GRANTS & SIMILAR AMOUNTS PAID
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	DONATION
Donee's Name	GLENS FALLS POLICE ASSN
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	GRANTS & SIMILAR AMOUNTS PAID
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	DONATION
Donee's Name	MULTIPLE SCLEROSIS ASSN
Donee's Address	
Amount (FMV)	50
Purpose of Payment to Affiliate	GRANTS & SIMILAR AMOUNTS PAID
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	DONATION
Donee's Name	COMM OF GF - COMM WEL
Donee's Address	
Amount (FMV)	1,788
Purpose of Payment to Affiliate	GRANTS & SIMILAR AMOUNTS PAID
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Expenses Schedule

Name: ADIRONDACK POST 2475 VFW

EIN: 14-1564954

Description	Amount
INSURANCE, DEPRECIATION, SUPPLIES, TAXES	5,388